



## State of Washington Application for a Water Right

For Ecology Use

Fee Paid \_\_\_\_\_

Date 2/17/98

Please follow the attached instructions to avoid unnecessary delays.

Section 1 APPLICANT - PERSON OF	OCANICA ARTECNA OR STATEMENT OF OTHER
because it millionist - I basson, or	RGANIZATION, OR WATER SYSTEM
Name Peter Portmann	Home Tel:(360) 934 - 5578  Work Tel:(
Mailing Address 2012 5R 6	Work Tel:( ) -
City Raymond State WA Zip+49	8577+FAX:()
Section 2. CONTACT - PERSON TO C	CALL ABOUT THE APPLICATION
Vame Chris Forlmann	Home Tel:()
Mailing Address Game	Work Tel:(
State Zip+4	+FAX:()
terationship to applicant 20172	
DESCRIPTION OF THE PLACE OF USE. (See instance sufficient. Estimate a maximum annual quantity to be used in acre	erm project. Indicate the period of time that the water will l
If SURFACE WATER	If GROUNDWATER
If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: unnamed Spring  Number of diversions:	A permit is desired for well(s).
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APPLICATION

ECY 040-1-14 Rev. 9/95 F Appl. No.: 52-29598

Sect	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.) Existing and used continually the 50-60's this spring fed water system is providing water for
mestic	+ cattle on this farm. a 300 gallon holding tank with a 1 hp.
mps	at 20 gallons a minute through a 6" line, from the pump to the house, milking parlor & watering troughs. Overflow
065	to Forks Creek.
C.	Do you already have any water rights or claims associated with this property or system?   PROVIDE DOCUMENTATION. Control # GZ-142686CL Gwerder Frederick-Spring  (Previous owners) \$2-*14939CWRIS CE Hull A  S2-*15287CWRIS CE UITTEN, C  tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Co.	mpleted for all domestic/public supply uses.)
A.	Number of "connections" requested: / Type of connection Home / DAIRY FARM (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? NO YES NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.)
Α.	Total number of acres to be irrigated: Not from this source. We have name lagoon we irrigate from
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
-	
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li></ol>
E.	Farm uses: Stockwater - Total # of animals  Maintail type Marky (If dairy cattle, see below)  Dairy - # Milking 190 # Non-milking 185
	cleaning the milking parlor, cleaning the holding pen where cows are confined prior to being milked, washing equipment & cleaning the milk tank after the milktruck empties it. I washing cows to milking. Toling system.
7	the MIK tank after the milktruck empties it. washing cows
P	APPLICATION

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES Ø NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From 1-5 drive west on the 77 Exit (Named Raymond Pe &II.) This is thury 6 for St. Route 6. Proceed 40 miles (westerly) on 5R 6 til you come to our Dairy farm at 2012 SR 6. (also 12 miles East of Raymond) we are neighbors to the Willapa Salmon Hatchery.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located?

  YES □ NO
  If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

 $\frac{2/14/98}{\text{Date}}$   $\frac{2/14/98}{\text{Date}}$ 

V. and the fall of		
	reason(s):	APPLICANT PLEASE
We are returning your application for the following  Examination fee was not enclosed	reason(s):	RETURN TO CASHIER, PO BOX 5128, LACEY, WA
Examination fee was not enclosed		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Examination fee was not enclosed  Section number(s)	reason(s):is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE
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Section number(s) ncomplete  Explanation:	is/are above and return your	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128  APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) Section number(s) incomplete  Explanation:  Please provide the additional information requested	is/are above and return your	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128  APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
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Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).